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| | | | - | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | 1 | FIRST NAMED INVENTOR | A | TTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/776,731 02/10/2004 Bret O. Baynham 2380.005 2815 TITLE OF INVENTION: STATIC ANTERIOR CERVICAL PLATE | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ' ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUB |
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 01/07/2009 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 1 | | |
| COMSTOCK, DAVID C | | 3733 | 606-296000 | | | |
| I. Change of correspondence address or indication of "Fee Address" (37 CFR 150). Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SBI 47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | 2. For printing on the patent front page, list () the names of up to 3 registered patent attomeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attomy or agent) and the names of up to 2 registered patent attomys or agents. If no name is listed, no name will be printed. | | | |
| A.ASSIGNEE NAME AND RESIDENCE DATA TO BE FRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, to assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE Atlas Spine, Inc. Jupiter, Florida | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government | | | | | | |
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| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | |
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